

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10814297 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5						
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	11	←	←	←		
TOTAL CLAIMS	14	2	2	2	2	2

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		2	2	2	2	2